

# THE LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

H. A. COTTELL, M.D., Editor. JOHN P. MORTON & CO., Publishers.

Vol. XVII. LOUISVILLE, KY., JUNE 14, 1884. No. 442.

## CONTENTS.

ORIGINAL—	PAGE	EDITORIAL—	PAGE
Local Anesthesia. By Ap Morgan Vance, M.D.....	369	Ether Administered by Rectum .....	373
MISCELLANY—		BIBLIOGRAPHY.....	374
Cremation .....	370	MEDICAL SOCIETIES—	
Dr. Koch.....	371	The Kentucky State Medical Society.....	376
Foot and Mouth Disease and Milk-supplies.....	371	Jackson County (Ind.) Medical Society.....	381
Congenital Absence of Femur.....	371	CORRESPONDENCE.....	381
A Modest Great Man.....	371	SELECTIONS—	
Benjamin Rush.....	372	Menthol.....	382
Washing Out the Stomach.....	372	Mullein in Phthisis.....	382
Extirpation of Goitre by Means of the Elastic Lig- ature.....	372	The Etiology of Phthisis.....	383
Virchow on Trichinosis.....	372	Diagnostic Value of Sputum.....	383
Preliminary Requirements.....	372	To Deodorize Benzine.....	384
A Week of Medical Societies.....	372	Contagious Pleuro-pneumonia.....	384
		ARMY MEDICAL INTELLIGENCE.....	384

Established January, 1870.

## THE AMERICAN PRACTITIONER,

A Sixty-four page Monthly Journal of  
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TO THE MEDICAL PROFESSION.

# LACTOPEPTINE

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LONDON, MAY 3, 1882.

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JOHN ATTFIELD.

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PROF. JOHN ATTFIELD, Ph.D., F.R.S., F.I.C., F.C.S., London, England, Professor of Prac. Chem. to the Pharmaceutical Society of Great Britain.

For further particulars concerning Lactopeptine, the attention of the Profession is respectfully directed to our 32-page pamphlet, which will be sent on application.

### THE NEW YORK PHARMACAL ASSOCIATION,

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THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JUNE 14, 1884.

Original.

LOCAL ANESTHESIA.\*

BY AP MORGAN VANCE, M. D.

I desire to briefly call your attention to the use of local anesthesia as a substitute for general anesthesia in many of the minor and a few of the major operations in surgery.

So far as I can learn, the use of local anesthesia has been very unsatisfactory in the hands of many surgeons, and has fallen into disuse. For several months I have used it in all the smaller operations with the greatest satisfaction, and believe that failures heretofore are due to the fact that the attempt has been to completely freeze the tissues, hoping to gain sufficient anesthesia at the outset to last through the cutting operation. The difficulty being that frozen flesh is hard to cut, and about the time one gets to work the anesthesia has departed, or is deep enough only to permit very superficial incision.

I have found ether the most suitable agent, the old method with ice and salt having the objection mentioned, that is, that one is compelled to completely freeze the part. Rhigoline is more volatile than ether but is much more inflammable. The method of applying the ether spray is the secret of success. The atomizer with two bulbs is better than the ordinary instrument with one, as with the former the spray is constant. The assistant manipulating the spray must understand the different steps of the operation, especially if it be complicated. The spray is thrown on the part for only a moment when the knife can be used, continuing the spray at intervals or constantly in the incisions, thus making the

superficial anesthesia precede the knife to any desired depth, no pain being felt. The ether seems to have a hemostatic effect also, as less blood is noticed than in ordinary cases. The healing process goes on as well as usual, no retardation or other bad effect being noticed in my cases. I have done tenotomies under its influence on limbs affected with infantile paralysis, in which the circulation was very poor, without sloughing or other trouble. I have done many tenotomies in adults and children, the patient experiencing absolutely no pain.

I assisted Dr. Cheatham in the removal of an eye, in case of a man of forty-five, who suffered little or no pain. Another case with the same physician, in which tracheotomy was performed upon a man of fifty, with little complaint.

At the City Hospital clinic a fibrous tumor as large as an orange was removed from a man's sacrum, the incision being six or eight inches long, with prolonged dissection on the sides of the growth. This patient did not feel the knife but complained of the ether running down over the anus and burning severely. This could be avoided in similar cases by using oil about the mucous orifice.

In a circumcision on an adult, recently performed, no pain from the knife was felt, but the same burning was complained of about the fundament.

In tapping the abdomen, hydroceles, abscesses, or any cases in which the trocar or aspirator is used the pain is rendered *nil* by a moment's spraying over the point. In one case, the removal of a fibrous tumor from the dorsum of the foot, the dissection was so prolonged that the ether gave out and chloroform had to be given. The cutting done under the local anesthesia was painless, and the lady, a physician's wife, never tires of praising the spray, saying if she had

\*Read before the Kentucky State Medical Association, June 3, 1884.

a bone felon she would ride a hundred miles to have it opened under its influence.

In closing, I would ask, that in view of the dangers we know to attend the use of chloroform and ether as general anesthetics, is it not our duty to substitute, whenever we can, a safer procedure, if thereby we can secure the same results? I am convinced that in a number of cases in which we now consider general anesthesia absolutely necessary, the work could be and should be done under the influence of local refrigeration. Herniotomy, ligation of vessels, amputation of fingers and toes may be performed, or, as I have shown, an eye can be removed or a tracheotomy done without difficulty.

LOUISVILLE.

### Miscellany.

**CREMATION.**—Even on the ground of sentiment there is much which would lead us to seek some substitute for earth-burial in urban districts. In the village churchyard the peasant's remains may indeed repose for ages beneath the moss- and grass-grown mound; but while, in urban cemeteries, the rich may rest in the freehold grave, the provision for reinterment after a certain number of years in the unreserved portion implies the deliberate desecration of the tombs of the poor, who are reminded of the inevitable by the rules forbidding the erection of permanent gravestones, while the possible carting away of the relics of the dead to make room for "metropolitan improvements" is still more shocking.

Yet, with an almost incredible inconsistency, Mr. Holland, rather than tolerate cremation, would resort to so-called "burial" at sea, though, but for the green veil of water hiding the corpse from view, he might as well give it to be devoured by swine, as the effects on the lobster fishery would soon show. Cremation, as performed in Gorini's, Venini's, or Siemens' crematoria, is not less capable of being accompanied by solemn and impressive religious rites than is interment; it is conducted in the chapel, and not, as too often is the case with earth-burial, in cold and rain; one or more of the mourners in consequence literally following their relative to the grave. It is not destruction in the sense of annihilation or waste, for the carbon and hydrogen, oxidized and diffused, are caught up by vegetation; and, while less costly than the purchase of

ground and erection of tombstones, it is devoid of harm or annoyance to the living, immediate or remote. There is another sentimental argument in its favor not generally recognized. With the migratory habits of modern life, few persons pass their lives near the resting places of their deceased relatives, but the funeral-urn could be carried, if necessary, even to other lands. The ashes of the mass of the people would rest meanwhile in the columbarium, those of the landed proprietor in the family mausoleum, and those whom duty called away from their former homes might consecrate a mortuary-chamber wherever they might be, and "go to the grave to weep there."

But there is the practical objection, constantly reiterated by the opponents of cremation, that, by precluding the possibility of exhumation, it may be used to conceal the perpetration of crime. This is, at first sight, plausible; but it really reflects on our present usage as regards the registration of deaths. The answer is, that we now permit burials with the most improper negligence. In a larger number of cases than most persons imagine, the causes of death are registered without any medical certificate whatever, on the mere statement of persons who may have been guilty of murder; and even medical certificates are given with culpable negligence. It is very rarely that exhumation is resorted to; and, when it is, it often betrays gross carelessness in the previous certification of an erroneous cause of death. Nor is a posthumous detection of poisoning always so easy as is sometimes alleged. Only mineral poisons, as arsenic, can be detected with certainty after putrefaction has reached an advanced stage; vegetable poisons are no longer discoverable; and in all, post-mortem changes are apt to efface the pathological appearances which afford the most valuable clues. The Italians are a very practical people, and, while legalizing cremation, have provided a safeguard in demanding, before its performance, positive evidence of the true cause of death by a special form of certificate. If the medical attendant have a shadow of a doubt, recourse must be had to a post-mortem examination by an expert, and, if deemed advisable, an analysis of the contents of the alimentary canal must be made; and it is an interesting fact that already it has been the means of detecting accidental poisoning in one case, and of preventing the occurrence of poisoning



others. A child having died of what appeared to be gastro-intestinal catarrh or enteritis, the medical man gave a certificate of the cause to the best of his belief; but, the parents subsequently determining to present the body for cremation, he felt it his duty to institute an examination before signing the more stringent form. Copper was found, and traced to some colored sweetmeats, which were seized at the shop where they had been purchased. Other children, too, had suffered; but the discovery was made before any other fatal case of poisoning had occurred.—*British Medical Journal*.

DR. KOCH.—Germany is no less grateful than munificent to her men of science. In the Reichstag, Herr von Bötticher brought forward a bill for placing the sum of 135,000 marks, or £6,750, at the disposal of the Emperor, in order to reward the members of the German Cholera Commission for their brilliant and important discoveries in Egypt and India. This bill was passed on Tuesday by acclamation, when Professor Virchow welcomed this, the first occasion, as he said, on which he had ever been able to give his full support to the Government, and paid a high compliment to the energy, the diligence, the intelligence, and the disregard of danger, which had won for German science such a splendid victory. But, though Dr. Koch had discovered the germ or bacillus of cholera, medical men should not be too sanguine about the future prevention and cure of the disease. Of the sum, 100,000 marks will be assigned to Dr. Koch, the chief of the commission, and the rest divided among his colleagues. A less substantial, though equally honorable, reward has been conferred on Dr. Koch, in the shape of a high decoration—the Crown Order of the second class. Lastly, at a sitting the other day of the Imperial Board of Health, the great nosological explorer, in addition to being officially eulogized for his successful researches, was presented with a life-size bust of the Emperor, by a distinguished German sculptor.—*British Medical Journal*.

FOOT AND MOUTH DISEASE AND MILK-SUPPLIES.—In a recent report to the local board of East Dereham, in Norfolk, Mr. Bird Vincent refers to the occurrence of a considerable number of cases of throat-illness among young children, of a very obscure nature, which, in one or two instances,

proved fatal. Mr. Vincent thinks that these were either ill-defined cases of scarlet fever affecting the throat alone, and not causing any rash on the skin, or else the throat-symptoms were caused by drinking milk from cows with the foot and mouth disease, which has been very prevalent in the district. Such a condition of the mouth and throat has, Mr. Vincent says, been traced in Norwich to the consumption of milk from dairies where cows were known to have had the disease. There is one instance on record of the children of a family, for whose benefit a cow stricken with the malady was kept, drinking the milk undiluted, and shortly afterward suffering from an eczematous condition of the lips, tongue, and palate.—*British Medical Journal*.

CONGENITAL ABSENCE OF FEMUR.—Mr. Roger Williams recently showed, before the Pathological Society of London (*British Medical Journal*), photographs of a boy, in whom the femora were absent. No trace of the femur or patella could be found on careful examination on either side; a bony mass in the groin, and apparently articulating with the pelvis, was ascertained to be the head of the tibia somewhat altered. Mr. John Wood said that, about twenty years ago, a man who went by the name of the man monkey was well known in London; the femora were absent, but he was exceedingly agile, and this, combined with the fact that his hands reached to the ground, had earned him his *soubriquet*. He thought that one moral might be drawn from such cases, and that was, how exceedingly useful one section of a limb might be; it was, he thought, an argument in favor of the operation of excision.

A MODEST GREAT MAN.—The Berlin correspondent of the Philadelphia Medical News gives the following summary of Koch's remarks, at the banquet given May 13th in honor of his successful investigation of cholera in Egypt and India. He did not find any thing extraordinary, he said, in the whole enterprise for a man who, like himself, during twelve years was accustomed to deal with the germs of all kinds of infectious diseases, although the death of Dr. Thuillier might show that such expeditions were not altogether without danger. He likewise did not find any thing extraordinary in the discovery of the cholera bacillus, which sooner or later would have been made out from necessity as a ripe fruit of

the well-trained and exact *methods*. But he was gratified to find some acknowledgment of the merit in the development of these well-acting methods. He was well aware that his discovery would not contribute very much to the improvement of therapeutics, but he believed that his experiences in Egypt and India would allow him to make some practical propositions concerning the prevention of cholera, and that, perhaps, if only the governments concerned would agree upon his plan, *it might be possible to restrict the disease to its motherland—India.*

**BENJAMIN RUSH.**—At the recent meeting of the American Medical Association, a committee was appointed to consider the advisability of erecting a statue to the memory of Dr. Benjamin Rush. Dr. Gihon, in making the motion which led to this action, said, That among all the monuments to the memory of great men for which Washington is noted, there is not one to the memory of a physician. The name of Rush is especially worthy of honor, for aside from the substantial work done by him in the development of medical science, he was intimately associated with the early history of this country, being a member of the Continental Congress, a signer of the Declaration of Independence, and in various ways a leader in the cause of liberty.

**WASHING OUT THE STOMACH.**—Dr. A. Bianchi, in a paper read before the Accademia Medico-Fisica of Florence, reports that he has had excellent results, both palliative and curative, in the treatment of cases of cancer of the stomach, chronic gastric catarrh, chronic gastritis, gastric ulcer, gastric catarrh with chronic hepatitis, digestive disturbances from slight gastritis, and dilatation of the stomach, with slight catarrh and insomnia, by washing out the stomach.

**EXTIRPATION OF GOITRE BY MEANS OF THE ELASTIC LIGATURE.**—An Italian journal reports several cases in which enlargements of the thyroid body have been successfully removed by means of the elastic ligature. An incision is made in the skin in which the ligature is placed, the wound being disinfected, and the ligature tightened daily.

**YELLOW FEVER** scored twelve deaths in Havana during the week ending May 17th, and in Rio de Janeiro sixty-three for the week ending March 29th.

**VIRCHOW ON TRICHINOSIS.**—Prof. Virchow has written to the newspapers to express his opinion that the danger arising from trichinosis in German pork is "infinitely greater" than the peril of an epidemic from the American hog, and that, to be consistent, the Imperial Government, which has forbidden the importation of all sorts of American pork, should not allow swine-rearing in Germany.

**THE STATE MEDICAL ASSOCIATION OF TEXAS**, held in Bolton, April 22d to 25th inclusive, was of unusual interest, and in report shows that medicine is abreast with other movements of public moment in that rapidly growing State. Many interesting papers were read, some of which were substantial contributions to science. The next meeting will be held in Houston.

**A SECT** is said to have been discovered at Rostov, in South Russia, whose object is the poisoning of children by narcotics. It is believed to owe its origin to a woman who murdered her children "in order to deliver them from earthly suffering, and to procure for them celestial happiness."

**BISMARCK** has made his medical attendant, Dr. Schweninger, a "professor," unattached. He has no lectures to deliver, students to teach, or chair to occupy, but is simply professor of the anatomy, physiology, and pathology of Bismarck.—*Popular Science News.*

**A WEEK OF MEDICAL SOCIETIES.**—During the past week the State Medical Societies of Indiana, Ohio, New Jersey, Maine, Massachusetts, Rhode Island, and Michigan held their regular annual meetings.

**THE elevation of Professor Frerichs** to the rank of a noble has been received with the highest satisfaction by the Berlin medical press and the profession at large.

**A DISPATCH** from Calcutta to the London Times states that Mr. Vincent Richard has succeeded in inoculating the pig with the specific virus of cholera.

**IT is said that Dr. Joseph Coates**, of Glasgow, is a candidate for the chair of pathology in the University of Cambridge.

**THE ONTARIO MEDICAL ASSOCIATION** held its fourth annual meeting in Hamilton, June 4th and 5th. Several papers were read.

## The Louisville Medical News.

Vol. XVII SATURDAY, JUNE 14, 1884. No. 24

H. A. COTTELL, M. D., - - - - - Editor.

A Journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year in advance, postage paid.

This Journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editor is not responsible for the views of contributors.

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### ETHER ADMINISTERED BY RECTUM.

The question of rectal etherization is just now attracting much attention, and the medical journals abound in notes and comments upon the new method, with occasional reports of cases by surgeons who have given it trial.

A report by M. Mollière, Surgeon in chief of the Hotel Dieu, Lyons, published in the *Lyon Médicale* of March 30th, suggested the procedure. This was reproduced in several of the leading English and American journals, and being charmed by the Frenchman's report, and finding the method easy of application, several of our American surgeons have put it into practice with doubtful results.

Mollière was indebted to a Dr. Yversen, of Copenhagen, for the suggestion. He administered the ether by means of a double tube and Richardson's atomizer, and claims to have obtained "with a small quantity of the drug" a degree of anesthesia, in several cases, which admitted of his performing painlessly and successfully some major and minor operations. The report states that, "in order to obtain deep anesthesia with a very small quantity of ether, it suffices to introduce a caoutchouc tube into the rectum, and to connect this with the ether flask,

placed in water at from 40° to 60° C." (104° to 140° F.)

The advantages claimed for the new method are, that the dose employed is reduced to a small quantity and can be accurately measured, avoiding waste; that it suppresses the stage of excitement; does not give rise to the usual sense of suffocation, and that the odor, so disagreeable to some patients, with other necessarily objectionable conditions attendant upon its administration by inhalation are done away with; while in operations upon the face the apparatus for administration is, of course, out of the surgeon's way.

Mollière reports six cases, in all of which it is claimed that the ether acted promptly, the anesthesia being deep, and that, with the exception of one patient who vomited on awaking, no nausea or other disagreeable symptom was noticed.

The above would seem to make out a strong case in favor of the new over the old method of administration; but from the experience of several surgeons who report the results of their experience with it, rectal etherization has disadvantages and dangers which should serve as a warning against its indiscriminate use, if they do not condemn the practice *in toto*.

Dr. Bull, Surgeon to the New York and Saint Luke's hospitals, publishes, in the Record of May 3d, an analysis of seventeen cases in which rectal etherization was practiced. In five of these the inhaler was used, as supplementary to the rectal tube, in consequence of excitement, tardy, or incomplete anesthesia, while in one the anesthesia was produced first by inhalation and continued by rectum. The smallest amount of ether used, was one and a half ounces, the largest, six ounces. In all of Dr. Bull's cases, save two, one or more of the disagreeable symptoms usually noted during or after etherization by inhalation was present, with the addition of a new complication in one third of the number. While all the patients escaped the sense of suffocation, and but one suffered from subsequent nausea, the

stage of excitement was more or less pronounced in nine, in one being so violent that the patient jumped from the table. Ten vomited during or just after etherization, and in seven there was immediate or subsequent diarrhea, the stools being large and loose, in number varying from three to fourteen, and in two instances containing blood.

In the same issue of the Record is a letter from Dr. James B. Hunter, who notes briefly six cases in which, save a movement of the bowels during the etherization in one, and fear of too much distension for the successful performance of the operation (ovariotomy) in another, which caused him to resort to the inhaler, the method of rectal administration was successfully employed without any attendant or subsequent unfavorable symptoms.

The experience of Dr. Robert F. Weir, (same issue of the Record) on the other hand, is quite unfavorable to the new device. He reports two cases. In one, though the patient became sleepy and had stertorous breathing, insensibility was not attained after a trial of fifteen minutes, and the anesthetic had to be given by inhalation. In another, a child eight months old, the action of the drug was prompt, but the bowels became somewhat distended, through a too rapid vaporization of the ether. This excess of vapor, however, readily escaped by the anus, and though at the end of the operation the child was depressed, it soon rallied under stimulants. During the night, however, it had several bloody stools, and died on the following morning. In this case less than two ounces of ether was used.

From the above it will be seen that the new avenue to the centers of pain is not without its stumbling blocks, and that the propriety of resorting to rectal etherization before a careful physiological investigation of the subject is made is doubtful to say the least. Theoretically, there are anatomical, physiological, and mechanical reasons why rectal etherization may be looked upon as a rash and dangerous measure, which should be thoroughly tested upon the brute before it is

applied to man. Among these may be mentioned, first, tardy action of the drug because of the long route which it must take through the mesenteric, portal, and hepatic veins, vena cava inferior, heart, pulmonary arteries and veins, starting in one and passing through two other sets of capillaries, before it can enter the general arterial system. Second, the damage it may do through reflex action (or direct, by diffusion) to the great splanchnic nerve centers, leading to blood stasis, and the arrest of physiological function in the intestines as evidenced in some of the cases by symptoms of collapse, with large and sometimes bloody stools. Third, the difficulties in manipulation, such as the condensation of the vapor in the tube before it enters the gut, or, if the water be too hot, an enormous liberation of vapor which overdistends the bowels, with peril to the patient and annoyances to the surgeon and his assistants, which are all too clearly demonstrated in some of the cases under notice. These difficulties will possibly be met in due time, and rectal etherization may yet become a beneficent surgical procedure; but it is to be hoped that our ambitious young surgeons will be content with the old way until the advocates of the new can give us more positive evidence of its safety and utility.

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Transactions of the American Dermatological Association, at the Seventh Annual Meeting, held at Lake George, N. Y., August 29, 30, and 31, 1883. Official Report of the Proceedings by the Secretary, Dr. Arthur Van Harlingen. Baltimore: Press Thomas & Evans. 1883.



On Dupuytren's Finger-Contraction: its Nervous Origin. By Robert Abbe, M.D., Surgeon to the Out-Patient Department of the New York Hospital, etc. Reprint.

On Morbid Drowsiness and Somnolence: a Contribution to the Pathology of Sleep. By C. L. Dana, M.D., New York, Professor of Nervous and Mental Diseases in the Post-Graduate Medical School. Reprint.

Die Nauheimer Sprudel—und Sprudelstrombäder von Dr. August Schott und Dr. Theodor Schott, in Bad Nauheim. (Separat-Abdruck aus der Berlin, Klin. Wochenschrift.) 1884.

Mechanical Principle in the Circulation in the Embryo, Respiration in the New-born, Incubation: the relation this sustains to the air-chamber in the egg. Mode of grafting the ovum in the tissues of the womb. By W. H. Triplett, M.D. Reprint.

Prospectus of a new work on Physiology, entitled, Natural Philosophy of the Body; or Mechanics of Respiration, Circulation, Absorption, etc. By W. H. Triplett, M.D., Member of American Association for the Advancement of Science. New York: H. A. Vonneidshutz, 69 Pearl Street.

International Medical Congress, Eighth Session, Copenhagen, 10th to 16th August, 1884. Rules and Programme.

This programme is very elaborate, and from the many eminent men whose names are down for papers, there is every reason to believe the eighth Congress will do as much for the cause of medical science as was done by the seventh at its meeting in London, three years ago.

Copenhagen is a quaint old city, with many historical reminiscences and natural attractions, and if our English correspondents are not mistaken, the medical fraternity of Denmark are well worthy of foreign regard—quiet, courteous, and studious men, who minister to the medical needs of an honest, unostentatious and thrifty people. Communications may be sent to Prof. C. Lang, Secretary General, Copenhagen, Denmark.

The American Journal of Ophthalmology. Vol. 1, No. 2. May 15, 1884. Edited by Adolf Alt, M.D. Issued on the 15th of each month. St. Louis, Mo: J. H. Chambers & Co. Terms, \$2.50 a year.

This new candidate for professional favor has peculiar distinction in that it is the only American journal which is devoted solely to Ophthalmology. The high rank which this

specialty holds in medical science, the large number of physicians who practice it in the United States, and the rapid growth of its local literature, would seem to demand a periodical which shall be devoted exclusively to its interests, and to bespeak for the new journal a hearty reception and abundant support.

The editor is assisted by nineteen collaborators, five of whom have papers in the present number. The journal is an octavo of sixty-four pages and is handsomely bound and printed. The number before us contains eleven original articles, which are brief, practical, and very readable. We wish our new exchange a long and prosperous career.

Minutes of the Ninth Annual Session of the State Medical Society of Arkansas, held in Little Rock, April 30, May 1 and 2, 1884. Secretary, L. P. Gibson, M.D., Little Rock. Little Rock: Kellogg Printing Company.

This report, which is issued with remarkable promptness, shows that the last Society meeting was characterized by a large attendance, and a rich programme in papers and discussions. The address of the president, Dr. J. M. Kellar, gives a rapid review of medical progress during the past year, and closes with an able and eloquent presentation of the claims of cremation to the consideration of civilized nations as a means for the disposal of the dead. After stating the objections to burial and the advantages of cremation from a scientific point of view, Dr. Kellar says:

I am not aware that there is any expressed law or rule in any religious sect or denomination, but rather incline to the opinion that we who have favored it, and dared express our convictions, only feared that such obstacles might stand in the way of having it become the rule and custom instead of the present horrid and repulsive and filthy one of burial, and each day I feel more and more assured that it will take but a few years for all objections to die out, when we will hear it advocated alike from Protestant and Catholic pulpits.

In the Campo Santo, the chief cemetery in Rome, and almost adjoining the church in which the late pope lies entombed, there stands a crematorium where, for years, numbers of incinerations have been made. May the time soon come when we shall see one standing in lieu of each burying ground in the world. The process is but the simplest, quickest plan of reducing the corpse to its constituent elements, without leaving one vestige or mark of any thing offensive or injurious to the living. It is strictly in conformity with nature's laws, and does, in a few moments, what putrefaction after burial fails to do in twenty years, if ever. Some will say that it is a relic of barbarism. No more than is our burial, for both were customs with the ancients, and equally practiced.

## Medical Societies.

### THE KENTUCKY STATE MEDICAL SOCIETY.

Proceedings of the Twenty-ninth Annual Session,  
held at Bowling Green, June 3, 4, and 5, 1884.

(Reported by A. H. KELCH, M. D.)

The Society was called to order at two P. M. on Tuesday, June 3d, by Dr. J. N. McCormack, who in a neat address thanked the Society for the interest manifested by the profession as shown by the large number present. At the close of his remarks he called upon Dr. T. J. Townsend, chairman of the Committee of Arrangements, to report.

Dr. Townsend spoke as follows:

*Mr. President and gentlemen of the Kentucky State Medical Society:* In behalf of the physicians of Warren County it is my pleasant duty on this occasion to welcome you to Bowling Green. You could not have selected a place better suited for meeting than this beautiful little city, adorned by every appliance that art with nature can contribute. It offers special inducements for business and social pleasure, and we would have you understand that our earnest desires are satisfied only when the known object is here fully realized. You are with us at a time when your distinguished presence is most appreciated, and we know your coming is a happy day to the medical profession of Warren County. You are here to dispense harmony and affiliation, to encourage and perpetuate the fostered principles of progressive medicine, to read and discuss recorded observations that illumine and expand the great domain of medical science—and now we gladly welcome you to Bowling Green. To give expressions of welcome this city will not be an exception to the time-honored customs of conviviality. Receptions and excursions have been arranged for your enjoyment, and in their order will appear in the printed programme. To-night an address, Cause of Consumption, Dr. J. W. Holland, Louisville, Ky.; Wednesday evening, from nine to eleven P. M., receptions by Mr. and Mrs. D. M. Lawson, Mr. and Mrs. P. J. Potter, Dr. and Mrs. McCormack, residence, State Street; Thursday, at one P. M., cars will leave depot for a boat excursion through locks and dams on Barren River; will return at nine P. M.; Friday morning, excursion to Mammoth Cave.

Following Dr. Townsend, the Hon. C. U. McElroy delivered the address of welcome on behalf of the citizens and resident physicians of Bowling Green, in response to which Dr. Dudley S. Reynolds, of Louisville, was called upon by the President to reply.

The reports of the officers having been received and adopted, the regular literary exercises were begun with the report of the Committee on Materia Medica, by Dr. J. P. Thomas, of Pembroke. He had prepared

no paper, but reported that he had made a fair test of the hypnotic paraldehyde, suggested as a substitute for chloral; that he had found it a very mild soporific in those cases of insomnia from excitement, and that it seldom exercised an effect after two hours subsequent to its administration. Kairine as an antipyretic he had found to be quite inferior to salicylic acid and quinia, and only successful in dangerous doses. Its action upon the heart he found out of proportion to its powers as a febrifuge. He had used hyoscyamin in but one case of acute mania. Here, instead of allaying, it seemed rather to increase the excitement.

In the discussion which followed, Dr. J. M. Mathews said: "I take it, sir, that this report is upon one of the most important subjects which we will have to discuss at this meeting. The chairman has spoken of a substitute for chloral. I have used that article for years, and I must confess, sir, that so far as I am concerned I am out with it."

Dr. J. W. Holland said, "I wish the gentleman had included the word opium in his reference to melancholia. He has told us that chloral increases the suicidal tendency in melancholia. More than a century ago Sydenham pointed out the cordial qualities of opium, and I fear we sometimes lose sight of that in our consideration and use of the drug as a hypnotic. If there be a melancholia, it proves more profound when chloral is used than when opium is employed, and I fear the same may be said of hyoscyamin."

Dr. Stone, of the Western Lunatic Asylum, at Hopkinsville, said, "Hyoscyamin we have used not very extensively and almost altogether hypodermically and in large doses, as high as one twelfth or one tenth of a grain; in smaller doses we have continued its use for ten or twelve weeks, and have found from it no material advantage over other drugs used for the same purpose. It will procure sleep, and that very promptly in many instances, and oftentimes with more certainty than chloral. I agree with Dr. Holland as to the value of opium over chloral in cases of melancholia. The latter undoubtedly increases the suicidal tendency. I have in mind one patient who suffered for over two years from melancholia under the chloral treatment, who, after six weeks of morphine, recovered entirely and was discharged."

Dr. Pinckney Thompson, of Henderson, "could not conceive that any one would sup-

pose chloral to be a curative agent beyond the power which it exerts to control a spasm of pain. In gastric neuralgia in full doses it will often relieve promptly, and so in all those attacks of acute pain which do not tend to recur once they are relieved. We are all well enough aware that chloral and opium are poison in poisonous doses, and they have to be given with circumspection."

Dr. Fuqua, of Hopkinsville, thought "it was the province of the discreet physician to find the proper place to use chloral, and then to use it with the same rule in view which guides the use of other powerful agents—use it for its effect."

Dr. McCoy called attention to the excellent results chloral gives in cases of puerperal convulsions.

Dr. R. M. Ferguson, of Louisville, read a paper on the Nature of Glaucoma. "The principal feature of the disease is the hardness of the eyeball. This can be accounted for in four ways, (a) by hardening of the ocular envelop, as by ossification or calcification, (b) as a result of active contraction of the ocular envelop. These two may be dismissed from consideration because they have no facts to support their existence, (c) increased secretion of the ocular fluids, (d) diminished excretion.

"The consideration of these two causes offers grounds that are something more than probable. By investigations it has been determined that the normal course of the nutritive fluids to the interior of the eye are from the ciliary body into the vitreous humor, from which they filtrate through the zonula Zinnii, then pass through the posterior chamber, the pupil, the anterior chamber, and, entering Fontana's spaces, finally reach the circular venous called the canal of Schlemm, when they enter the venous circulation and are carried from the eye. Any derangement or interference with this filtration process will result in diminished excretion; congestions of the ciliary muscle and ciliary processes, brought about by eye-strain or many forms of headache, can not but result in stimulating secretion through stimulation of the small glands in the ciliary body, occasioned by the increased flow of blood to this part.

"Enlargement of either ciliary body or lens will manifestly decrease the circumlenticular space, and thus interfere with the filtration of fluids through. In those cases of iridocyclitis where the periphery of the iris is retracted, in cases of iritis

where the pupillary margin of the iris is adherent to the capsule of the lens, this same interference is readily seen to be exerted."

In this manner Dr. Ferguson continued to trace out one effect after another, until a very pretty theory of the increased tension from a combination of these two causes was developed.

Dr. A. W. Johnstone, of Danville, asked why it is that seventy per cent of cases of glaucoma occur in the Jewish classes.

Dr. Dudley S. Reynolds did not recognize such to be the case. In his experience it had occurred most frequently in that class of people most likely to suffer from eye-strain, as sewing women, students, and watchmakers. He had seen nine cases among the gentiles to one among the Jews.

Dr. Holland thought such a singular fact could only be accounted for on the ground of personal peculiarities or the fact that they do not eat pork. (Laughter.)

Dr. Bailey could not agree with Dr. Holland's personal-peculiarity theory, because he supposed Jewish women sometimes had glaucoma.

Dr. Ap M. Vance, of Louisville, called attention to a modified application of local anesthesia. It consisted of the ether spray and differed from the old application only in this, that he had found it unnecessary to wait for the parts to become frozen before the operation was begun: he begins his operations in a few seconds after the spray strikes the part. By this means a tracheotomy had, he said, been successfully performed, an eye had been enucleated; and he is now accustomed to use it at all times in the performance of tenotomy. He claims to have cut the whole plantar fascia in a child, without a flinch, and has repeatedly severed the tendo-achilles under its use, and sometimes without the patient being aware that the operation was begun until it was completed.

Dr. Mathews had long hoped for something of this kind, and when Dr. Vance had mentioned the matter to him some weeks ago he was eager to make an application of it in his special line of practice. He had, therefore, tried this means on a limited number of cases of hemorrhoids which he ligated, and if he was to reach his conclusions from his experience in those cases the number would not be materially increased. The pain after the operation was simply excruciating.

Dr. T. H. Stucky, of Louisville, read a paper on Catarrhal Headache.

In the evening Dr. J. W. Holland delivered a discourse on "The Cause of Consumption." He spoke as follows:

There are doctors here who no doubt will shrug their shoulders at the word *cause*, but I now employ the term in the singular for reasons which will appear. To the old stock of knowledge concerning this disease there has recently been added a fact of great significance. This fact was discovered about two years ago, and in that short space of time it has received almost universal acceptance. It is interesting to observe the influence of this new fact upon what we previously knew of the disease which it concerns.

Among the conditions long supposed to affect the course and fatality of the disease climate has held a prominent place. It was thought to have much to do with consumption; that is an error. In Europe, where the countries have well-organized administrations and where the fatality statistics have been kept with the most sedulous care, the mortality lists show the disease to be about equally fatal in the tropics with that which prevails in the north. About one sixth of all deaths are due to consumption, one third of all people who die of disease die of consumption. Altitude, however, has much to do with the rate of mortality from this disease. It is found that as you ascend the mortality grows less and less until a point is reached where consumption is comparatively unknown. Is this due to climate? No. Because if you go north, where the isothermal line descends until it reaches the surface of the earth, there you will find consumption prevailing. It is said to be due to the greater purity of the air and its attenuation. I am inclined to think it largely an element of purity. It is something more than a theoretical assumption to speak of the greater purity of the air at these heights. It has been proved to be so beyond question. Occupation has something to do with the mortality from the disease. Those who live indoors a greater part of their lives in an atmosphere tainted by respiration are more likely to suffer from the disease. Age and sex both exert a modifying influence upon it; the years from fifteen to forty-five are attended by the greatest mortality, and more women die of it than men.

There is no more common observation than that "consumption runs in a family," or in a side of a family. Some other features have been noted, but the significance of them has been disputed. Dr. Rush in his treatise says the disease was unknown among the American Indians, it was not among their legends and traditions until a comparatively recent period. Now they die as freely as the whites. Livingstone and Stanley state that the negroes of Central Africa do not have the disease.

There is one other fact which appears to have an extraordinary significance beyond all these others. In 1874 three Greek physicians inoculated a man with the disease. They had this rare opportunity. He was doomed to die, and they inoculated him with the sputum from diseased lungs. Great care was taken to eliminate all sources of doubt. There was no history of family susceptibility. About the third week after the inoculation the signs of consumption began to manifest themselves in his body. At the post-mortem examination tubercles were found in the apex of each lung and some on the free surface of the liver.

These are remarkable facts, and they are capable of two interpretations. Some will say that when the white man came among the Indians, he brought his firewater and his other methods of dissipation, and his system underwent the same deterioration which renders the white susceptible. Others may say, with Dr. Formad, of Philadelphia, in reference to the Greek experiment, "The man was half dead anyhow." But after all is said, here is a disease of definite character, prevailing in all parts of the world, always the same, operating uniformly through all the varied conditions I have mentioned, it would seem reasonable to refer a constant effect to one unvarying cause, and all these others should then be regarded in the light of predisposing. The lungs of a consumptive always contain what we call tubercles. When these little tubercles are examined under the microscope, after having passed through certain manipulations, they are found to always possess one character; they are found to be filled with very minute rod-like bodies, which have been called the bacillus tuberculosis. Previous to two years ago it was difficult to define a tubercle in scientific terms. Now, the element which above all others distinguishes the tubercle is the presence of these little rod-like bodies. Let us look into these a little further—they are called the bacilli of tubercle. A young German doctor by the name of Koch began the study of the disease known as splenic fever, and found by a series of masterly experiments that it was in all cases due to a little rod-shaped body, which is represented here in this map. This little body has the power of reproducing itself by division indefinitely when it is placed upon a fertile soil. It is not a bug; I state this because the detractors of Dr. Koch's theory have designated it "a bug theory." It is a plant which has the power of motion and of indefinite multiplication. It has two effects, one is localized; but when it gains entrance to the general circulation of the blood it rapidly produces another set of phenomena. It can be raised in crops. Koch raised hundreds of crops, and every time that it developed he put it into an animal, and every time he put it into an animal susceptible to the disease that animal died. I mention that to show you the beginning of the man's career. He was invited to Berlin, when, after a series of discoveries, perhaps less important, he turned his attention at last to consumption. He worked at this subject for five years, and after he had settled it conclusively he announced it to the world. Since then the subject has been thoroughly discussed, and it has borne the fiercest light of criticism. These bodies found in the expectoration of consumptives, when cultivated in groups, were found to grow more potent and reproductive the further they were separated from the original germ, but in every instance they produced like phenomena.

How does this affect the old view? It would appear to satisfy the conditions I mentioned a while ago. It is important to state now that there are degrees of the power of communication. The parable of the sower illustrates what I would express. "Some of the seed fall by the wayside, some in the stony ground, whilst others again fall upon fertile soil and reproduce themselves many fold."

Dr. Holland continued his remarks until



he developed the theory of the contagiousness of consumption, and emphasized the necessity of care on the part of people who suspect that they possess this fertile soil in placing themselves under circumstances where they are likely to become the recipients of this germ. He showed why it was important that persons whose family history was suspicious should live out of doors as much as possible and avoid crowded cities and all places where the air is impure and probably contaminated.

At the conclusion of Dr. Holland's remarks, Dr. Dudley S. Reynolds called attention to the rapid multiplication of these germs, and in order to give some tangible conception of that rapidity, stated that they increase in a fertile soil at the rate of 40,000 per minute.

## WEDNESDAY FORENOON.

Dr. L. S. McMurtry made the report on the Progress of Surgery.\* The first portion of the report was devoted to the consideration of the subject of anesthetics. Recent investigations as to the comparative merits of chloroform, sulphuric ether, bromide of ethyl, and anesthetic mixtures of these agents were reviewed in detail. The experimental investigations of Dr. B. A. Watson, of Jersey City, were carefully considered, and his conclusions were that sulphuric ether is decidedly the safest, anesthetic which has yet been employed in surgical practice, the mortality being relatively small when compared with that of chloroform, bromide of ethyl, and the mixtures employed. These agents of experimental study are confirmed by clinical experience. Dr. McMurtry doubts if any agent will ever be found which can carry patients so near the border lines of life in safety. He doubts if any thing is accomplished in avoiding danger by the indiscriminate exhibition of alcohol before giving an anesthetic. He then discussed the method introduced by Mollière, of administering the vapor ether per rectum—the recent publications of Dr. William F. Bull, James B. Hunter, and Robert F. Weir, upon this mode of anesthesia. The brief experience already recorded he claimed demonstrates the danger of the method as exemplified by intestinal hemorrhage or diarrhea; but the advantages of a method which suppresses the period of excitement, permits accurate regulation, avoids bronchial irritation, and aids materially in operations about the face, are apparent, and the method deserves to be tested thoroughly. In concluding this portion of the report the

\*The News will soon publish this paper in full.

speaker commended the ether inhaler of Dr. Allis, of Philadelphia. The greater portion of Dr. McMurtry's paper was devoted to recent improvements in abdominal surgery. He discussed at length the treatment of wounds of the intestines, and declared the indications of treatment in contused, lacerated, punctured, and gun-shot wounds of the intestines to be prevention of fecal effusion and peritonitis. To secure the first, the wound of the tube must be securely sutured, however small it may be. To do this and cleanse thoroughly the peritoneum, the abdomen should be opened by abdominal section. The speaker in this connection called attention to the very confident views expressed by the late Doctor Marion Sims, in 1882, which he thus quoted: "I have the deepest conviction that there is no more danger of a man's dying of a gun-shot or other wound of the peritoneal cavity, properly treated, than there is of a woman's dying of an ovariectomy properly performed," and remarked that in the able paper of Dr. Parks, recently given to the profession on this subject, this statement of Dr. Sims was deemed prophetic. Dealing with another branch of abdominal surgery, Dr. McMurtry alluded to the difficulties and uncertainties which surround the diagnosis of abdominal tumors. These difficulties were so great that in a large number of cases the diagnosis can only be positive when the abdomen is opened. He detailed illustrative cases from his own experience. In one case, that of a young lady with a fluid accumulation in the abdomen, the patient had been in the hands of several skillful surgeons, with a different diagnosis by each. After aspiration and the removal of two gallons of fluid, complete recovery ensued, thus showing the tumor to be a cyst of the parovarium. After discussing at length the differential diagnosis of abdominal tumors, the speaker concluded with the statement that, "While the results already achieved in the brilliant domain of abdominal surgery surpass the expectations of the most speculative enthusiast of half a century ago, there remains a vast and rich outlying province as yet untried by the restless foot of genius."

Dr. A. W. Johnstone, of Danville, said:

There is one addition that ought to be made to the report with reference to the treatment of the wounded peritoneum, and that is drainage. There has been more pointed out in the last two or three years on that subject than almost any other in this connection, and with one exception, perhaps that of securing absolute cleanliness, it is most important.

Lawson Tait speaks of drainage by the alimentary canal; he says he has long been in the habit of purging these cases that need drainage, and has secured excellent results from the practice. We all know that when a purgative is given, water must come from some source. I have had some experience with this treatment myself, and the results were most admirable. There is another point of importance, and that is the size of the drainage-tube to be employed in ovariectomy. I am much pleased with the very large drainage-tubes now in use. In one case in which I operated the adhesions were so extensive and the bleeding points so numerous, after the tumor was severed from its attachments, that I found it absolutely necessary to employ the persulphate of iron to stop the hemorrhage. I expected trouble from it afterward, but I was much gratified to find the clots, iron and all, passing through the large tube I had inserted for drainage.

Dr. D. W. Yandell, of Louisville, was understood to say:

With reference to the future of gun-shot wounds of the peritoneum, I must object to the doctrine of Dr. Sims. It was a matter of considerable discussion between us on the occasion of one of our meetings. He then took this extreme ground, to which I objected then as now, as not expressing the real condition of our resources. He says he has the deepest conviction that man should no more die from the effects of a gun-shot wound of the abdominal cavity, properly treated, than a woman should die of an ovariectomy, properly performed.

That is to say, that ninety-seven per cent of successful terminations ought to occur. That is misleading not only to the profession but to the people who are, after all, our auditors. What I wish to say is this, that taking the experience of individual members of this Society—which, as they live in Kentucky, will probably include half a dozen each—four of the six will die, one of peritonitis, two of hemorrhage, and one of septicemia. Twice as many will die of hemorrhage as of any thing else. Shot wounds, therefore, are bound to be more dangerous than ovariectomy because in that operation hemorrhage is not unlooked for; you expect it and you are prepared to meet it. You know when and whence it will probably occur.

Again, in shot wounds, there never was a man yet wise enough to tell where a ball has gone when it has once entered the body.

While I believe it is good surgery to open the cavity, as taught by the master of us all, yet there are many cases in which opening is quite beyond good surgery; that is to say, a man has a ball from a derringer pistol going right through him, and you find him pulseless and cold—desperate. Under such circumstances, I do not think it good surgery to open the cavity for any thing. With cutting wounds it is quite otherwise. Most shot wounds are inflicted at close quarters, and whether it is the terror felt at the sound of the pistol, or what, I am unable to say, but the fact remains, the shock is deeper and more profound than the result of a knife wound.

All that I meant to say is this, that the declaration of a great man published in a moment of enthusiasm is misleading; that the statement is

not sustained by facts nor likely to be; that shot wounds are incalculably more dangerous than the knife in the hands of the surgeon.

Dr. J. A. Larrabee, of Louisville, said:

I do not propose to discuss the surgical bearing of the paper. During the reading of it I was impressed by the remarks upon anesthesia, and particularly in reference to chloroform. The deductions in regard to chloroform are, it appears to me, not well taken. That a death occurs under its use occasionally can not be doubted, but it does not bear the same significance that a death does when it occurs from the plan, for instance, of anesthesia produced through the rectum. In the limited number of cases where that has been done one death has occurred; while chloroform is not alone used in surgery, but widely extensively in medicine all over the West and South. It is important too to bear in mind the means to be resorted to for resuscitation when danger begins to be manifested. In one case measures must be addressed to the function of respiration, while in the other the organs of circulation will require attention.

Dr. Stone, arising to speak to the subject, remarked that his paper would bear somewhat upon the importance of avoiding errors in the diagnosis of abdominal tumors when he should be called upon to read it. While the subject was before the Society he related the following case:

Mrs. H., age thirty-five, German, very ignorant, was transferred to a metropolitan hospital from the county alms-house for treatment for an abdominal tumor. Five weeks previous she was tapped and five gallons of fluid withdrawn. She is the mother of three children, the youngest seventeen months of age. Her abdominal trouble began six months ago, when she was seized with sharp pains in the back and side; subsequently vomiting occurred at intervals continuing for two months.

With this history before him a well-informed physician, but only a yearling in practice, examined her and pronounced it a case of simple ascites. Two physicians of larger experience were called in consultation. They discovered a tumor, and after a protracted examination pronounced a diagnosis of left ovarian dropsy. A week later she was turned over to a distinguished professor of surgery for operation. He made an examination with the sound and externally, and after hearing the history concurred in the diagnosis. The next day an eminent physician of large experience was called in. He used the sound and speculum and external examination. He concurred in the diagnosis and the advisability of an early operation.

A few minutes after this examination a slight bearing-down pain expelled a large clot of blood. A small opiate was administered and all suspicious symptoms passed away. The fifth day after this was set for the operation. The day following the professor delivered a clinical lecture to a large class of students upon ovarian disease, and the differential diagnosis, with the patient before them.

An able obstetrician, a professor, and author of national reputation, was called in late in the after-

noon of the day preceding the operation. With the history before him, he examined with the sound and speculum and externally and diagnosed the existence of two tumors, one the enlarged and subinvolved uterus, the other of doubtful character, probably cystic, developed within the broad ligament. The sound when withdrawn, as in the previous examinations, was covered with blood and pains came on soon afterwards. In fifteen minutes a clot of blood and three pints of water passed from her vagina, and at 8 P. M. she gave birth to a six and one half months child, which lived till morning, and died.

There were several misleading features about this case, especially the history and preceding examinations, still it teaches the importance of the utmost care in cases where so much is involved.

Dr. D. W. Yandell, of Louisville, was understood to say:

This is simply a report of one of our failures. If the faithful remained until all the faithful told their experience, this society would last until Christmas. I know of two or three such cases as we have just listened to. Professor Miller and Professor Bayless diagnosed an abdominal tumor to be ovarian, and not until the woman gave birth to a child did they discover their mistake. Some years afterward, a woman came from Mobile; she had a tumor; she was a widow. Parvin saw it, Miller saw it, and Thomas saw it. All declared it to be a fibroid. In the fall she gave birth to a child. There is a gentleman present, through whose kindness I saw a case, four years ago, of an enormous tumor, pronounced by Parvin, Sam Gross, and other eminent men, with myself, to be a fibroid. Time went on; she got some muriate of ammonia and ergotine, and one night about a year ago she was seized with all the symptoms of peritonitis, collapse, and shock, and the gentleman called to her tapped her as being the only likelihood of giving her relief, and drew off an enormous quantity of fluid. It refilled; I saw it, operated upon her, and while the operation was as easy as it was possible to do, the woman died. That woman was seen by enough eminent men. Such cases show simply that the wisest and most experienced men make mistakes.

(To be Continued.)

### JACKSON COUNTY (IND.) MEDICAL SOCIETY.

The last quarterly meeting of this Society was held at Seymour, June 5th. Dr. W. E. Whitehead, of Vallonia, reported a case of puerperal erysipelas, followed by peritonitis, which evoked considerable discussion on the subject of puerperal infection. Some maintained that erysipelas never infected the puerperal women through the hands of the physician. Others reported cases in which not only the erysipelas poison but also that of scarlatina was communicated to puerpera through the hands of attending physicians who had been lately treating cases of the former diseases.

Dr. S. H. Charlton, of Seymour, presented before the society, a patient, aged fifty-nine years, suffering with scirrhus cancer of the mesenterium, about an inch to the left of the umbilicus. The tumor was about one and one fourth by three fourths inches in diameter, the neighboring structures not much infiltrated. The feasibility of excision was discussed, but no decided opinion was pronounced. (A full report of this case will appear in the News shortly.)

L. S. O.

## Correspondence.

Editor Louisville Medical News:

I would be glad if some of the readers of the News would give their opinion on the following case:

The patient was about thirty-six years of age, married, father of three healthy children, a lawyer by profession, though living in the country at the time of his sickness and subsequent death. The history of his late illness is substantially as follows: He was attending circuit court at his county-seat on the 5th of the present month, and complained then of not feeling well, being dull and stupid, with no appetite. On the 7th he suffered with pain in his stomach. On the 8th he came by my house in his buggy on his way home, stopped a few minutes, and I gave him the following:

R Hyd. chlo. mit., . . . . . gr. i;  
Bismuth. subnit., . . . . . grs. iii;  
Morphi. sulph., . . . . . gr.  $\frac{1}{4}$  M.

I directed him to take this at bed-time, promising to call on him in the morning. The next evening I saw him. His pulse was high, but not strong; temperature 103.4; urine scanty and high-colored; bowels inclined to be constipated; pain over the stomach very painful upon pressure, with a feeling of nausea, but without vomiting; this had eaten nothing for several days. There may have been due to the fact that he was severe and almost constant pain in the lumbar region, his tongue coated with a thick yellow fur, dry, accompanied by great thirst. I gave him

R Hyd. chlor. mit., . . . . . grs. vi;  
Bismuth. subnit., . . . . . grs. xii.  
M. Div. capsules six. Sig: One every four hours.

I also directed him to use chlorate of potassium freely. In connection with the above I also directed him to take tincture buchu every four hours, giving the usual dose.

He rested tolerably well that night; much better than on the previous night. On the evening of the 9th I saw him, and found a marked improvement in his state. The pulse was calmer and more regular; the temperature was 101.4; tongue moist and white and cleaning off. The bowels had moved once, but there was no change in his urine as to quantity, though the color was lighter than on the previous day. I gave

Quinine sulph., . . . . . grs. xxxvi;  
 Chlorate pot., . . . . . grs. xii.  
 M. Div. capsules 12. Sig: Take four hours apart.

On the 10th I saw him, and found the fever gradually giving way; his bowels had moved; he was able to sit upon the edge of the bed and had his pants on, which he wore every day till his death. He gradually improved in this manner, improving in every symptom except the state of his urine, which was still scanty, while his back, in the lumbar region, still gave him pain, though during my absence this pain had been absent for a period of twelve hours, when it returned. I noticed that respiration was difficult, that he was very weak, and that he was somewhat flighty, though he would answer all questions rationally whenever put to him. On the 12th I again saw him in the evening. His temperature was 98.4, the tongue clean and moist. He had rested well all day, sleeping most of the time up to midnight, when he became restless. His fever now came up, and by morning of the 13th his temperature was 101.5, his forehead was covered with profuse perspiration, and his respiration was hurried and difficult, the pain in his back and lumbar region giving him great trouble. Stimulants not being indicated, I ordered some tincture buchu to be given in his water when he wanted a drink, and left him (being compelled to see another patient), promising to be back in the afternoon. At 12 o'clock on this day I got word that he was dead. The death was easy, but he had to be propped up on pillows on account of difficult breathing. Though buried in twenty-four hours after death, the body was in a state of advanced decomposition.

**CHLOROFORM NARCOSIS DURING SLEEP.**—Dr. John Gray, of Trufant, Mich., reports in the Record a case in which he administered, during sleep, to a child three years of age, chloroform to complete narcosis, during which a minor surgical operation was done. This is the second case of the kind reported during the year.

## Selections.

**MENTHOL.**—I think it was Mr. Malcolm Morris who, some time ago, spoke of the antiseptic use of menthol in ringworm of the scalp. I applied a solution in rectified spirit to the tinea tonsurans of a young friend in the winter of 1879, and cure resulted; and recently I have met with success in this disease from a pomade of menthol, iodoform, and vaseline.

In facial neuralgia, in some forms of sciatica, in neuralgic headache (clavus), and in toothache—the most recent instance being in a severe case of a lady recovering from acute alcoholism—I have repeatedly found relief to follow within a few minutes of its application. The cones or sticks are useful for external application. Frequently, however, I use now the following formula: Menthol, 30 grains; and spirit of rosemary, rectified spirit, each two drams; or compound spirit of lavender may be used instead of the rosemary for application to the cavity of a carious tooth. I have only taken it once internally myself, but never have prescribed it. This has, however, been done.—*Archibald D. Macdonald, M. B. Edin., in British Medical Journal.*

**MULLEIN IN PHTHISIS.**—Dr. F. B. Quinlan (British Medical Journal) reports the following case: Richard F., aged thirty, an engine-driver in the office of the Freeman's Journal, was admitted into St. Vincent's Hospital on February 29th last, suffering chronic phthisical disease of the apices of both lungs, and was treated in the usual way, and with the usual results, with the milk-decoction of mullein. (See British Medical Journal, January 27th, 1883.) His principal trouble had been a constant racking cough, which, however, he informed me, he had now in complete control by smoking the dried leaves of the mullein-plant in an ordinary tobacco-pipe. Whenever he was attacked by this cough, he used to fill his pipe with these dried leaves, broken up into a kind of coarse snuff, and, by the time he had finished, the cough would be relieved. After he had been a few days in hospital, he told me that he suffered severely from the cough at about 3 A.M. every morning; but that he was afraid to smoke, as it would be a violation of hospital rule. I told him that this only applied to tobacco-smoking, and that he was free to smoke his mullein, provided he was careful not to set



his bed on fire. His cough was at once relieved, and he is now up and talking of going back to work. A remarkable feature in his case is that he does not use tobacco in any form.

THE ETIOLOGY OF PHTHISIS.—J. Andrew, M.D., F.R.C.P., thus concludes the first of his Lumleian Lectures before the Royal College of Physicians (British Medical Journal), April 5th: Whatever may be the relation between dampness of the soil and phthisis, it is clearly one which may be overpowered or masked by other forces.

Of the three conditions so far considered, two—viz., altitude and soil-dampness—have, undoubtedly, great influence; the first in preventing, the second in developing phthisis; and, in both, the facts indicate that there is a something, in large measure independent alike of the constitution and social habits of the population subject to it, but without which phthisis can not exist. It is certainly improbable that altitude acts by producing, sooner or later, a race of men which is proof, or all but proof, against certain morbid conditions. For, on the one hand, natives of the hills readily contract phthisis in the low-lands; and, on the other hand, the low-landers recover when removed to the hills. The antiphthisical constitution, if it be in any way due to altitude, must be a very temporary affair, easily acquired and easily lost; and yet there is no *a priori* improbability against the formation of such an antiphthisical constitution, or against its acquiring a permanent character. Indeed, we know that there are races which remain comparatively unharmed by phthisis in the midst of deeply infected localities, for example the Chinese in Melbourne.

Since, then, at a certain height above the sea, phthisis ceases to occur, and affected cases recover without affecting injuriously their friends and neighbors, while there is no reason to suppose that these latter possess any special protection against phthisis, other than what may be temporarily due to residence at a certain altitude, it is surely reasonable to suggest that the cause of this immunity is to be found in the supposition that some external agent essential for the development of phthisis is here inert or absent. In the case of soil-dampness, the probability of the existence of some such agent is even greater. It is difficult to understand in what way the drying of the soil, by the execution of sewerage-works, could have so profoundly and so rapidly

altered the constitution, occupation, habits, and vitality of the people of Salisbury for example, and of other towns, as at once to reduce by a very large percentage the number of cases of a developmental disease, if phthisis be recognized as developmental, or of a directly contagious disease, if it be recognized as directly contagious. Surely here, too, as in the case of altitude, a reasonable, perhaps the best, explanation of the facts is that phthisis is produced by some external agent, but yet not spread in the ordinary course of things by direct contagion. The evidence from the effect of climate pointing in the same direction is less strong, for the affirmative facts are less certain and less striking. The exception, however, under all three heads, climate, altitude, and soil-dampness, permits even a stronger proof than can be drawn from the general laws to which they are related. It is, I believe, all but impossible to explain these exceptions on either the developmental theory or on that of direct contagion. At present, I would only add that these three conditions are, in themselves, entirely independent of any human agency; that, so far as man's action modifies the unwholesome influence of any one of them, it will be to minimize it by the use of suitable clothing, food, fire, and shelter, and that therefore their real power, as gauged by statistics, is probably under rather than overstated.

DIAGNOSTIC VALUE OF SPUTUM.—The patient was a young lady, aged sixteen, for whom Mr. Gowing had been consulted first on February 19th, for what was said to be a slight cough. He informed me that he considered the case to be suspiciously phthisical, although there was not sufficient evidence to justify at first a positive diagnosis. I saw her and examined her carefully, and, with the exception of a limited dullness over the upper border of the left scapula, and some crepitation in the same region, and a temperature varying from 100° to 102°, which had persisted for some days, material evidence of phthisis was conspicuous by its absence. The girl was plump, and apparently well nourished, with good appetite until within a day or two of my visit; bowels and catamenia regular. She slept well and coughed very little; and had had then no expectoration. In view of the temperature and dullness, I concurred in the diagnosis, and suggested an examination of any sputum that could be obtained.

As soon as some could be procured, I prepared and stained it according to Dr. Heneage Gibbs's method, when swarms of bacilli were at once apparent. Thereupon, a most unfavorable prognosis was given, and the patient was removed to her home on the first suitable day. She died of acute phthisis on April 21st. After her removal, the right lung was very quickly invaded.

In mentioning this case, I do not, for obvious reasons, wish to draw any positive conclusions; such can only be justified by a far larger amount of material than any one can encounter in private practice. Nevertheless, we assumed for once the truth of the dictum "No bacilli (*i. e.*, the bacilli which alone stain by the method we employed) without phthisis;" and gave a positive and, as proved, a reliable prognosis, under circumstances which would not, without microscopic examination, have justified such a decided and unfavorable opinion.—*T. Sanctuary, M. D., in the British Medical Journal.*

**TO DEODORIZE BENZINE.**—Add to it gradually, with agitation, three per cent of concentrated sulphuric acid previously diluted with an equal quantity of water; after standing, decant the benzine from the black, tarry residue. Wash the benzine with sufficient of a solution of carbonate of soda to neutralize the acid remaining; decant and wash repeatedly; lastly, separate carefully from the water (or distil). The product will be sufficiently purified for pharmaceutical purposes.—*Popular Science News.*

**CONTAGIOUS PLEURO-PNEUMONIA** (New York Medical Journal) is reported to have been detected in a number of stables in Blissville, Long Island, by an inspector acting under the State Board of Health. It is said that the cows are improperly cared for, and are milked up to the time of becoming moribund, the milk being served to customers, or are slaughtered and the meat is sent to market. It is to be hoped that the Board will take energetic measures in these cases, and that the cattle men may be treated to some of their own sauce.

#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, June 1, 1884, to June 7, 1884.

*Moore, John*, Lieutenant-Colonel and Assistant

Medical Purveyor, ordered to perform, in addition to his present duties, those of medical store-keeper, San Francisco, Cal. *Johnson, Henry*, Captain and Medical Store-keeper, relieved from duty at the Medical Purveying Depot at San Francisco, Cal., and ordered to report for duty at the Medical Purveying Depot, New York City, relieving Capt. Andrew V. Cherbonnier, Medical Store-keeper. *Captain Cherbonnier*, on being relieved by Captain Johnson, will proceed to St. Louis, Mo., and report in person to Captain George T. Beall, Medical Store-keeper and Acting Assistant Medical Purveyor, for duty at the Purveying Depot at St. Louis, relieving Captain Beall of his duties as Medical Store-keeper, (Par. 7, S. O. 128, A.G.O., June 3, 1884.) *Fryer, Blencowe E.*, Major and Surgeon, granted leave of absence for one year, from July 1, 1884. (Par. 7, S. O. 128, A.G.O., June 3, 1884.) *Hall, John D.*, Captain and Assistant Surgeon, granted leave of absence for three months, to take effect on his arrival at St. Paul, Minn. (Par. 8, S. O. 128, A.G.O., June 3, 1884.) *Heyer, Anthony*, Major and Surgeon, assigned to duty at Fort McHenry, Md., as Post Surgeon. (Par. 1, S. O. 108, Hdqrs. D. of East, June 2, 1884.) *Huntington, David L.*, Major and Surgeon, during the absence of the Surgeon General directed to take charge of the office of the Surgeon General and perform his duties. (Par. 6, S. O. 129, A.G.O., June 4, 1884.) *Bentley, Edwin*, Major and Surgeon, assigned to duty at Fort Clark, Tex., as Post Surgeon. (Par. 1, S. O. 68, Hdqrs. D. of Tex., May 31, 1884.) *Koerber, Egon, A.*, Captain and Assistant Surgeon assigned to duty at Fort Keogh, M. T. (Par. S. O. 58, Hdqrs. D. of Dak., May 27, 1884.) *Barnett, Richards*, Captain and Assistant Surgeon, now on sick leave of absence, is relieved from duty at Columbus Bks., Ohio, and ordered to report to commanding General Department of the East for assignment to duty. (Par. 2, S. O. 129, A.G.O., June 4, 1884.) *Cunningham, T. A.*, Captain and Assistant Surgeon, ordered to relieve Assistant Surgeon C. B. Byrne, U. S. A., from duty at Fort Lewis, Cal., Assistant Surgeon Byrne, when so relieved, ordered to proceed to Fort Gibson, I. T., and report to the Post Commander for duty. (Par. 2, S. O. 112, Hdqrs. Dept. of Mo., June 4, 1884.) *Banister, J. M.*, First Lieutenant and Assistant Surgeon, granted leave of absence for one month and seven days, to commence June 13, 1884. (S. O. 22, Hdqrs. Div. of the Atlantic, June 5, 1884.) *McCreery, George*, First Lieutenant and Assistant Surgeon, granted leave of absence for two months, with permission to apply to the Adjutant General of the Army for two months extension. (Par. 3, S. O. 56, Hdqrs. Div. of Mo., June 5, 1884.) *Wilson, George F.*, First Lieutenant and Assistant Surgeon, relieved from temporary duty at Fort Canby, Washington Territory, and ordered to return to his proper station, (Fort Walla Walla, Washington, Territory.) (Par. 2, S. O. 70, Hdqrs. D. of Col., May 26, 1884.) *Owen, Wm. O. jr.*, First Lieutenant and Assistant Surgeon, having reported at these headquarters in compliance with Par. 5, Dept. Special Orders, No. 62, current series, will return to and take station at Fort Stevens, Oregon. In addition to his duties at Fort Stevens, Assistant Surgeon Owen will perform those of Medical Officer at Fort Canby, Washington, Territory. (Par. 1, S. O. 70, Hdqrs. D. of Col., May 26, 1884.)